

State of Michigan  
Department of Consumer & Industry Services  
Michigan Automated Prescription System (MAPS)  
P.O. Box 30202, Lansing, Michigan 48909  
Phone: 517/373-1737 Fax: 517/636-6449 Email: [Mapsinfo@michigan.gov](mailto:Mapsinfo@michigan.gov)  
**REQUEST FOR MAPS REPORT – Practitioner/Pharmacist**

Patient's Full Name: \_\_\_\_\_

First

M.I.

Last

Address: \_\_\_\_\_

City/State/Zip

:

Date of Birth: \_\_\_\_\_

SSN or Driver's License Number (if available): \_\_\_\_\_

Aliases and Other Addresses (if known): \_\_\_\_\_

Report Period Requested From: \_\_\_\_\_

to

Date

Date

**Provide a brief summary of the facts and circumstances under which you are requesting information regarding this patient.**

(If you need additional space, please continue on the reverse side of this form.)

Practitioner or Pharmacy Name: \_\_\_\_\_

Please Print

Address: \_\_\_\_\_

City/State/Zip

:

MI License

Number: \_\_\_\_\_

DEA Number: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

FAX Number: \_\_\_\_\_

Signature: \_\_\_\_\_

I certify that this information shall be used for the purpose of providing medical or pharmaceutical treatment to a bona fide current patient. I shall not provide this information to any other person or entity except by order of a court of competent jurisdiction.

The Department of Consumer & Industry Services will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

Authority: P.A. 231 of 2001

Completion: Voluntary

For Department of Consumer & Industry Services use only:

Approved: ☐ Yes

☐ No

Signature \_\_\_\_\_ Date \_\_\_\_\_